

Minor Impact Statement
Small Business Economic Impact Statement
WAC 246-100-208
HIV Testing In Pregnant Women

This proposed rule amendment has been reviewed and no SBEIS is required. The DOH expects that the amendment will not increase costs for HIV counseling and testing in pregnant women.

I. What does the rule amendment require?

The amendment revises the definition of “AIDS counseling” in the context of prenatal health provision to be consistent with U.S. Public Health Service and national medical provider association recommendations. It defines HIV as a test that should be offered to all pregnant women. Testing would occur if specific, but not separate consent is obtained.

Currently, in most practices, the mother must sign two consent forms. She gives a broad consent for all tests deemed medically necessary except for HIV, and a second separate consent for HIV testing. HIV testing is something she must “opt in”. This is not reflective of best medical practice. It has been well-documented by the American College of Obstetricians and Gynecologists, among others, that the “opt-in” strategy for HIV testing will miss a percentage of pregnant women with undiagnosed HIV infection. This will mean that they lose out on the chance to prevent transmission of their HIV infection to their infants. It also means that insurers, hospitals and plans carry heavier liabilities. Currently, prenatal transmission of HIV occurs on average once per year in Washington.

II. What industries are affected?

The following industries are affected:

6321 Accident and Health Insurance
6324 Hospital and Medical Service Plans
8011 (offices and clinics of M.D. physicians)
8031 (offices and clinics of D.O. physicians)
8049 Offices and Clinics of Health Practitioners, Not Elsewhere Classified

III. List the RCW that says DOH is not required to do an SBEIS – RCW 19.85.030

The rule costs appear to be minor and have a high potential to reduce costs.

IV. Explanation of why:

This rule is expected to increase the number of HIV tests performed on pregnant women. It would also be expected to reduce transmission of HIV from these pregnant women to their babies. Currently, the transmission rate from infected moms who receive good prenatal care and anti-HIV medications is about 2%. Transmission rates from women who do not receive prenatal care and medications are over 14%.

The change in the WAC mirrors existing best practice guidance for physicians and medical providers. A list of all companies licensed to sell health insurance in Washington State was obtained from the Office of the Insurance Commissioner. All the companies that responded to inquiries from DOH staff agreed that the change in the WAC mirrored standard practices, and would not substantially increase the cost of providing care. In fact, several plans pointed out that assuring women with HIV did not “fall through the cracks” would ultimately save money.

The change in the rule would require offering of additional HIV tests, but eliminates behavioral counseling when such is not needed. Requirements to provide information to women so that they can make an informed decision about the need for the test in their particular situation remain. The insurers agree that the potential slight cost increase in the number of tests run would more than be offset by the cost of treating even one HIV-infected infant.

Anecdotal reports from physicians state that the rule change would potentially allow them to use their time with the patients more efficiently. Language of this nature is supported by the Institute of Medicine, the Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists, among others. The medical providers also recognize that the test costs are minor. Anecdotal reports from physicians show that the doctors find the current system of separate counseling and separate informed consent to be cumbersome. The rule change would potentially allow them to use their time with the patients more efficiently, and provide care consistent with best practices.